EPA Form 8700-12 (6-80)

S.S. ENVIRO ENTAL PROTECTION AGENCY NOTIFICATION OF HAZARDOUS WASTE ACTIVITY INSTRUCTIONS: If you received a preprinte label, affix it in the space at left. If any of the						
INSTALLA- TION'S EPA LD. NO.  THOUGH IT and supply the correct information  Though it and supply the correct information						
I. STALLATION  RID0 0 20 42216  SEMS DocID 642611  in the appropriate section below. If the label complete and correct, leave Items I, II, and II below blank. If you did not receive a preprinte						
INSTALLA- TION  CARROLL PRODUCTS INC  Habel, complete all items, "Installation" means single site where hazardous waste is generated.						
MAILING ADDRESS  WOOD RIVE JOT  RI 02884  treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIF						
CATION before completing this form. The LOCATION ROLLTE 91 information requested herein is required by large						
OF INSTAL- HOOD RIVE JOT RI 02894 (Section 3010 of the Resource Conservation Recovery Act).						
FOR OFFICIAL USE ONLY						
COMMENTS						
C						
INSTALLATION'S EPA I.D. NUMBER APPROVED DATE RECEIVED (yr., mo., & day)						
F 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
1. NAME OF INSTALLATION						
30 67						
II. INSTALLATION MAILING ADDRESS  STREET OR P.O. BOX						
<u></u>						
CITY OR TOWN ST. ZIP CODE						
<u>e</u> 4   1   1   1   1   1   1   1   1   1						
III. LOCATION OF INSTALLATION						
STREET OR ROUTE NUMBER						
5   6   65						
CITY OR TOWN ST.   ZIP CODE						
6						
IV. INSTALLATION CONTACT  NAME AND TITLE (last, first, & job title)  PHONE NO. (area code & no.)						
25CHWARTZ ARTHUR DIR. CHEM. OPER. 401.364.7731						
V. OWNERSHIP  A. NAME OF INSTALLATION'S LEGAL OWNER						
8   15   16   55						
(enter the appropriate letter into box) VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))						
F = FEDERAL M = NON—FEDERAL  D c. TREAT/STORE/DISPOSE  D d. UNDERGROUND INJECTION						
VII. MODE OF TRANSPORTATION (transporters only – enter "X" in the appropriate box(es))						
A. AIR B. RAIL C. HIGHWAY D. WATER E. OTHER (specify):						
VIII. FIRST OR SUBSEQUENT NOTIFICATION  Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification.						
If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.  C. INSTALLATION'S EPA I.D. NO.						
A. FIRST NOTIFICATION B. SUBSEQUENT NOTIFICATION (complete item C)						
IX. DESCRIPTION OF HAZARDOUS WASTES						
Please go to the reverse of this form and provide the requested information.  EPA Form 8700-12 (6-80)  CONTINUE ON REVERSE						

				I.D FOR OFFICIAL USE ONLY		
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IV DESCRIPTION OF HAZ	ADDOUG WASTES	continued from from		1 2	- 13 14 15	
IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)  A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous						
waste from non—specific sources your installation handles. Use additional sheets if necessary.						
1	2	3	4	5	6	
7	23 - 26 8	9	10	23 - 26	12	
hiir						
23 - 26	23 - 26	23 - 26	23 - 26	23 26	23 - 26	
B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four—digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.						
13	14	15	16	17	18	
19	23 - 25	23 26	23 - 26	23 - 26	23 - 26	
23 - 26	23 - 26	23 - 26	23 26	23 - 26	23 - 26	
25	26	27	28	29	30	
	23 - 26		23 - 26		23 26	
C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four—digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.						
stance your installation handle	es which may be a hazard	dous waste. Use addition	onal sheets if necessary.		<del></del>	
31	32	33	34	35	36	
23 - 26	23 - 25	23 - 26	23 - 26	23 26	23 - 26	
37	38	39	40	41	42	
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	
43	44	45	46	47	48	
23 - 26	23 - 26	23 - 26	23 2 26	23 - 26	23 - 26	
D. LISTED INFECTIOUS WASTES. Enter the four—digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.						
49	50	51	52	53	54	
23 - 26	23 - 26	21 - 26	23 - 26	23 - 26	23 - 26	
E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)						
1. IGNITABLE	2. < (D002)	CORROSIVE	3. REACT!		☐4. TOXIC [D000]	
X. CERTIFICATION						
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information,						

I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME & OFFICIAL TITLE (type or print)

ARTHUR F. SCHWARTZ DIRECTOR OF CHEMICAL OPERATIONS

EPA Form 8700-12 (6-80) REVERSE

CARROLL PRODUCTS INC. GENERATES AN AQUEOUS SALT STREAM WHICH IS NOT A HAZARDOUS WASTE, THEREFORE NOT REQUIRING NOTIFICATION.

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